

~~Classification~~
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UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)
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371 Filing Fees ☒ paid ☐ Insufficient Meet Article 33 Requirement: ☐ Yes ☐ No & why not _____

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Claims Cancelled via Article 34 & /or Pre-Amdt _____ Claims added via Article 34 _____

Total Number of Drawing Sheets: 60 Foreign Text: _____

Oath/Declaration: yes ☒ no ☐ signed ☒ unsigned ☐ defective ☐ Date Satisfied: 01-27-06

PCT/RO/101/Request Form Declaration: ☐ yes: ☐ signed ☐ Unsigned

Small Entity: ☒ Yes Small Entity Statement ☐ Assertion by filing fee paid ☒ Large Entity: ☐

1st Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date _____ not entered & date _____

2nd Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date _____ not entered & date _____

Biochemical Seq. Listing: yes ☐ no ☐ statement ☐ yes ☐ no other submission date(s): _____

Biochemical Diskette/Listing not needed: _____

Copy of ISR: ☐ with references ☐ without references ☒ Non-Establishment of ISR PCT/ISA/203 _____

Article 19 Amendment: ☐ entered ☐ not entered ☐ Replaced by Article 34 Amendment _____

Copy of IPER: ☒ without Annexes: ☐ with Annexes: ☐ Annexes entered ☐ Annexes not entered ☐ 237

Reason Annexes have not been entered: _____

Preliminary Amendment(s): yes ☒ not entered ☐ & Why _____ Other Amendment dates: _____

IDS: ☐ yes ☐ with references ☐ without references ☐ Other IDS Dates: _____

Request for Immediate Examination: yes ☒ no ☐ Other Early Processing Date: _____

Substitute Specification: yes ☐ Other Documents filed: 401

Assignment: yes ☒ Date filed: 5-8-06 Assignment for PG Pub: ☐ Yes Date filed: _____

Power of Attorney ☒ Application Data Sheet ☒ Priority Document(s): yes ☒ 2

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☐ Declaration ☒ Claims ☐ Multiple ☐ Translation ☐ Extension ☐ Petition ☐ Application size ☒

Date of 35 USC Receipt of Request: 01-27-06

Date Completion USC 371 Requirements: 11

Notice of Missing Requirements: _____ Response to Missing Requirements _____

371 Formalities Letter: (Sequence) 922 _____ 922 Response _____ or (Fees Owed) 923 _____ 923-Response _____

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